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This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

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<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto					
TITLE OF THE INVENTION (280 characters max)					
METHOD FOR MONITORING COLLAGEN TYPE II DEGRADATION IN CARTILAGE					
Direct all correspondence to: CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number		21874		<div style="border: 1px solid black; padding: 5px;">Place Customer Number Bar Code Label here</div>	
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Respectfully submitted,

SIGNATURE

Date

03/13/02

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REGISTRATION NO.

40,927

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Docket Number:

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Invention: **METHOD FOR MONITORING COLLAGEN TYPE II DEGRADATION IN CARTILAGE**

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
NEW PROVISIONAL PATENT APPLICATION**

**TITLE:** METHOD FOR MONITORING COLLAGEN TYPE II  
DEGRADATION IN CARTILAGE

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# Method For Monitoring Collagen Type II Degradation in Cartilage

## Technical Field of The Invention

5           The present invention relates to a method for evaluating cartilage catabolism by determining the level of collagen type II degradation products in a biological sample. In a preferred embodiment, the invention relates to an immunoassay comprising an antibody directed against a collagen type II specific epitope.

## 10    Background of The Invention

          Cartilage matrix is synthesized, organized, maintained and degraded by a sparse population of chondrocytes. The properties of cartilage are critically dependent upon the structure and integrity of the extracellular matrix (ECM). In a normal cartilage the anabolic and catabolic processes of ECM formation and degradation are well balanced.

15           In joint diseases, such as rheumatoid arthritis (RA) and osteoarthritis (OA), the rate of degradation of the ECM often exceeds the rate of synthesis. Thereby is the structural integrity and mechanical strength of the tissues impaired, resulting in irreversible destruction of the joint structures.

          Until now it has been difficult to directly assess the ongoing cartilage destruction in  
20    arthritis patients, because specific markers for this process have not been available in the clinical practice. Other markers used for assessment of RA patients, such as C-reactive protein and Rheumatoid factors are associated with the inflammatory process involved in the disease, but are not directly related to the level of cartilage destruction and they are not specific for RA. In OA these parameters have even less relevance for monitoring  
25    cartilage degradation.

The main structural component of cartilage is collagen type II, which is covalently cross-linked and assembled into fibres. Interspaced between the collagen network are long chains of the negatively charged polysaccharide hyaluronic acids, to which several large proteoglycans are attached. The collagen type II fibres are responsible for the tensile strength whereas the proteoglycans provide the compressive stiffness necessary for normal articulation and function. Mature collagen type II consist of a triple helical structure with short telopeptides in either end. The telopeptides cross-link covalently to other collagen molecules thereby packing individual collagen molecules into a rigid fibrillar network.

Degradation of collagen type II involves collagenases (MMP1, MMP8 and MMP13) (Billinghurst et al 1997). A characteristic collagenase cleavage site is found in the triple helical region of collagen type II between residues 775 and 776, which generates two fragments containing 3/4 and 1/4 of the intact collagen molecule. Antibodies, which recognize the C-terminal part of the COL2-3/4 fragment and the N-terminal part of the COL2-1/4 fragments, have been developed (Hollander et al 1994). It has been demonstrated that the COL2-3/4 epitope but not the COL2-1/4 epitopes can be found in circulation, probably due to a higher resistance to proteolysis of the COL2-3/4 fragment (Croucher and Hollander 1999). Specific immunoassays for detection of the COL2-3/4 neoepitope in body fluids have been developed (US patent 6132976). It has been reported that RA and OA patients assessed in a cross sectional study have elevated levels of this collagen type II derived marker, but further clinical data obtained with this marker has not been published.

The COL2-3/4 and COL2-1/4 fragments are approximately 75 kDa and 25 kDa respectively (Billinghurst et al 1997). Smaller collagen type II fragments, generated by additional proteolytic processing, may filter more readily into body fluids, especially renal filtration and subsidiary detection in urine require quite small fragments. Smaller fragments might yield a higher concentration and ease their detection. US patent

6132976 describes detection of collagen type II fragments in synovial fluid and serum utilizing an epitope located within the COL2-3/4 fragment, however it is not determined whether the fragment is the intact COL2-3/4 fragment or proteinase cleaved fragments thereof.

5           Fragments generated from the telopeptidic region (US patent 5641837, US patent 5919634, US 6342361) also filtrate more readily into body fluids, however these fragments are not generated as a result of collagenase activity, which is believed to be responsible for the initial collagen breakdown seen in joint diseases (Billinghurst et al 1997).

10           Detection of other cartilage derived metabolites, such as free urinary pyridinoline, cartilage oligomeric matrix protein (COMP), hyaluronates, aggrecan and collagen type III fragments, arising from destruction of joint tissues affected by an inflammatory disease have also been reported (Furumitsu et al 2000, Moller 1998, Wollheim 1996), and PCT application WO 01/38872). The clinical usefulness of these  
15           markers, however, remains to be proven.

          Increased awareness of the early biochemical and structural changes in cartilage-related diseases in combination with the introduction of new disease suppressive agents has created the need to develop improved diagnostic methods to assess disease severity and prognosis. Thus the need for sensitive simple and reliable markers for cartilage  
20           degradation is evident, and such markers will fulfil important clinical purpose for management of arthritic diseases.

          An object of the present invention is to improve the diagnostic methods for cartilage degenerative processes, and to provide means of monitoring the effects of  
25           therapeutical measures taken towards such diseases.

## Summary of the invention

          According to the present inventions a method for detecting and/ or monitoring cartilage degradation is provided. The method enables such detection by measuring a

collagen type II fragment wherein the following sequence is contained: HRGYPGLDG, in a biological sample.

5 The method of the present invention will enable the monitoring of a catabolic process of a joint tissue as well as in growth plates and intervertebral disks, by detecting cartilage degradation. This will provide means for diagnosis, monitoring disease activity, disease progression and treatment efficacy.

10 The detection performed in the method of the present invention is carried out with an immunoassay utilizing an antibody, which recognizes an epitope within the collagen type II derived sequence HRGYPGLDG. To ensure monitoring of collagen type II degradation, a preferred embodiment provides an antibody, which only recognizes the unwound form of the epitope, and not the wound form.

15 The invention also includes a cell line for production of monoclonal antibodies recognizing an epitope within the collagen type II derived sequence HRGYPGLDG.

20 To employ the present invention a kit utilizing an antibody, which recognizes an epitope within the collagen type II derived sequence HRGYPGLDG, together with a suitable detection system, is provided. Supplements to such a kit are a second antibody and a synthetic peptide resembling the epitope. For detection such supplements can be labelled. The kit of the present invention can be applied to samples like mammalian body fluids, extracts from cells or tissues or supernatants from cells or tissues cultured in vitro.

25



## Detailed description of the invention

The present invention relates to methods and techniques for quantification of cartilage catabolism, based on detection of characteristic collagen type II metabolites, especially in bodyfluids such as urine.

5

As used herein, "antibody" means polyclonal, monoclonal or humanized antibodies, including Fc fragments, Fab fragments, chimeric antibodies or other antigen-specific antibody fragments.

10

As used herein "collagen type II chain", means a single collagen type II polypeptide, encoded by the Col-II-A1 gene.

15

As used herein "collagen type II/ mature collagen type II", means three collagen type II chains organized in one collagen type II molecule. In the collagen type II molecule, the chains are wound into a triple helical structure, and propeptides at either end is removed leaving short telopeptide sequences at the N- and C-terminal ends of the triple helix.

20

As used herein "collagen type II fibrils", means mature collagen type II, organized in a staggered array of fibres, where individual collagen type II molecules have been covalently cross-linked, involving characteristic lysine and histidine residues within the triple helical as well as telopeptide regions, and packed together side by side.

25

As used herein "collagen type II fibres", means an aggregation of fibrils into organized bundles within the cartilage extracellular matrix.

As used herein "collagen type II fragment", means a polypeptide, domain structure, peptide or otherwise proteolytical processed protein fragment derived from a

mature mammalian collagen type II molecule. The preferred collagen type II fragment is an unwound polypeptide or peptide.

As used herein "wound collagen type II", means mature collagen type II, where the three collagen type II chains are organized in the authentic triple helix structure.

As used herein "unwound collagen type II", means mature collagen type II, where the three collagen type II chains are no longer in the authentic triple helix structure, but disassembled or partly disassembled into single polypeptide chains.

In one embodiment of the present invention, collagen type II fragments containing the following sequence HRGYPGLDG are detected in a biological sample to enable detection and monitoring of cartilage degradation. Detection of such collagen type II fragments can for example be performed using HPLC, mass spectroscopy, sequencing, or immunoassays. The HRGYPGLDG sequence is unique for the collagen type II chain and located in the helical part of collagen type II (position 289-297 GeneBank accession nr. NP\_001835 isoform 1 and position 220-228 GeneBank accession nr. NP\_149162 isoform 2).

Fragments of collagen type II containing the HRGYPGLDG sequence vary in size below 80 kDa. Smaller fragments, which can be excreted into urine, are detected in one embodiment of the present invention. These fragments may be smaller than 30 kDa or even more preferred smaller than 10 kDa.

One preferred method of detection is the use of an immunoassay, utilizing an antibody, which binds to an epitope on type II collagen or fragments thereof containing an epitope within the following sequence HRGYPGLDG. Assay forms in which such an antibody can be applied include, but are not limited to, ELISA, microarray, RIA, FACS, Western blotting, chromatography, and histochemistry.

In embodiment of the present invention the biological sample measured, is a biological body fluid, such as, but not limited to blood, serum, synovial fluid or urine samples. The biological fluid may be used as it is, or it may be purified prior to the contacting step. This purification step may be accomplished using a number of standard  
5 procedures, including but not limited to, cartridge adsorption and elution, molecular sieve chromatography, dialysis, ion exchange, alumina chromatography, hydroxyapatite chroma-tography, and combinations thereof.

In a further embodiment, the invention provides a method for detecting the amount of HRGYPGLDG containing collagen type II derived fragments in urine. A  
10 urine sample is contacted with an antibody specific towards an epitope within the amino acid sequence HRGYPGLDG, essentially all collagen type II fragments in urine containing this epitope will be bound by such an antibody. The amount of fragments bound by the antibody will be detected by methods well known in the art.

In a preferred embodiment for measuring cartilage degradation the antibody  
15 utilized for detection only recognizes the unwound form of collagen type II or fragments thereof and not the wound form. It will be possible, in tissue or synovial fluid samples for example, to access a ratio between unwound and wound collagen type II or fragments thereof, this can be related to the collagenase activity in the joint from which the sample has been retrieved. Denatured helical collagen domains might be retained in  
20 the tissue by cross-linking and fibrillar packaging. This may complicate detection according to the present invention in cartilage tissue samples. To address this problem, the biological sample is first contacted with an enzyme having the ability to selectively cleave unwound collagens without cleaving the HRGYPGLDG epitope. Such enzymes could be, but is not limited to, trypsin or chymotrypsin, which are unable to cleave  
25 wound collagen. The fragments of unwound collagen are then extracted from the biological sample to produce an extract of unwound collagen fragments. This extract can then be assayed as mentioned in the above.

The method of the present invention is preferably used to detect or monitor catabolic processes in joint tissue, growth plates or intervertebral disks. Disorders associated with such catabolic processes of the cartilage tissue are for example, various forms of arthritis, such as rheumatoid arthritis (RA), psoriasis arthritis, osteoarthritis (OA), yersinia arthritis, pyrophosphate arthritis, gout (arthritis urica), septic arthritis or vertebral disk related disorders such as, but not limited to, degenerative disc disease or ankylosing spondylitis. Disorders of the growth plate are Kashin-Beck, acromegali and dwarfism.

10       Antibodies with properties as previously described, are raised against a synthetic peptide constituting the HRGYPGLDG sequence or another suitable protein or peptide fragment containing this sequence. Such an antibody possess reactivity toward collagen type II protein or fragments thereof from any species containing this epitope, among these are cow, dog, mouse, human, horse and rat. The peptide is used as an antigen for  
15       immunisation. The peptide is emulsified in an adjuvant medium, preferably incomplete Freund's adjuvant and injected subcutaneously or into the peritoneal cavity of a mammalian host, preferably a rodent most preferred rabbits, even more preferred mice. To enhance immunogenic properties of the antigenic peptide, it can be coupled to a carrier protein before emulsified in an adjuvant medium. Useful carriers are proteins  
20       such as keyhole limpet hemocyanin (KLH), edestin, albumins, such as bovine or human serum albumin (BSA or HSA), tetanus toxoid, and cholera toxoid, polyaminoacids, such as poly-(D-lysine-D-glutamic acid). Booster injections may be given at regular intervals until an immune response is obtained, the last injection may be given intravenously to ensure maximal B-cell stimulation.

25       Antisera will be screened for their ability to bind an epitope within the HRGYPGLDG sequence. Their specificity between unwound and wound collagen type II or fragments thereof, as well cross reactivity with other collagens will be accessed. Antisera from the most promising hosts may be used in their crude form or purified.

Monoclonal antibodies may be generated from immunised mice with the most promising antibody titre, by fusing lymphocytes isolated from the spleen of these mice with a myeloma cell line. The generated hybridoma clones are screened for antibodies with reactivity toward an epitope within the HRGYPGLDG sequence, and cell lines can  
5 be established for production and purification of monoclonal antibodies. Methods for polyclonal and monoclonal antibody production and screening are well known in the art and other methods than the described can also be utilized.

One embodiment of the present invention constitutes the development of a diagnostic kit for use in detection and/ or monitoring of cartilage degradation. This  
10 includes an antibody recognizing an epitope within the following sequence HRGYPGLDG, located in type II collagen or fragments thereof, preferably the antibody recognizes unwound collagen type II and not the wound form. Most preferred are antibodies of the present invention, either alone or with a second antibody with specificity towards the first antibody or another part of the epitope containing fragment.  
15 The kit can be applied on mammalian body fluids or extracts of cells or tissues, preferably derived from humans. For competition detections a peptide between 6 and 20 amino acids, in which a succession of amino acids is equivalent to the binding epitope for one of said antibodies, might be supplied either in a labelled or non labelled form. The antibodies may be labelled by joining them, either covalently or non-covalently,  
20 with a reporter molecule. Suitable reporter molecules or labels, which may be used for ease of detection, include radionuclides, enzymes, fluorescent, chemiluminescent, or chromogenic agents as well as substrates, cofactors, inhibitors, magnetic particles, and the like. One of the non-labelled antibodies or a peptide of the kit might be immobilised, preferably on a solid surface like a micro-titter plate, possibly by conjugation to a  
25 suitable protein carrier like BSA.

### Brief description of the drawings

Figure 1: shows a standard curve for collagen type II immunoassay in a semi-logarithmic plot. The concentration of free antigen is in nM. B/Bo represents the ratio between antibody bound to coated antigen in the presence of free antigen (B) or in the absence of free antigen (Bo) and is given in percentage.

Figure 2: Shows competitive inhibition of antiserum coll2-1 D3 binding to HRGYPLDG coated plates using HRGYPLDG (●), native type II collagen (■), type I collagen ( ) and BSA (◆) as competitors. B/Bo represents the ratio between antibody bound to coated antigen in the presence of competitor antigen (B) or in the absence of competitor antigen (Bo) and is given in percentage.

Figure 3: Shows antiserum Coll 2-1 D3's ability to bind collagen type II within cartilage (3 g/10 ml) in relation to the duration of collagenase A (0,5 mg/ml) treatment.

### Examples

#### Example 1: Collagen type II immunoassay

##### *Antisera:*

A sequence of nine amino acids (His-Arg-Gly-Tyr-Pro-Gly-Leu-Asp-Gly) derived from the triple helical region of type II collagen [( $\alpha$ 1) II] was synthesized using standard Fmoc solid-phase peptide synthesis (HBTU/HOBt protocol) (Chan & White, 2000).

The amino acids sequence was conjugated to thyroglobulin by a carbodiimide procedure (Soinila et al 1992).

Rabbits were injected intraperitoneally with 1 ml of the conjugate emulsified in complete Freund's adjuvant. The conjugate and the adjuvant were mixed in equal

volumes. Injections were repeated four times every month with a similar amount of conjugate in incomplete Freund's adjuvant. Ten days after the last injection, the rabbits were sacrificed for the final bleeding. Blood were collected and centrifuged for 10 minutes at 1500 x g at 4°C. The supernatants were stored at -20°C.

- 5           Five antisera, identified as Coll2-1 D1, D2, D3, D4 and D5, were obtained and their specificity were tested with the competitive inhibitors HRGYPGLDG, native type II collagen, type I collagen and BSA.

*Competitive ELISA:*

- 10           A competitive immunoassay was developed to quantify breakdown products of type II collagen containing following sequence HRGYPGLDG. Synthetic HRGYPGLDG peptides were conjugated to BSA by BS<sup>3</sup> [Bis(sulfosuccinimidyl) suberate, Pierce, Rockford, USA]. The conjugated peptides were coated to microtiter plates (NUNC, Denmark) at 50 ng/ml in 0.08 M NaHCO<sub>3</sub> pH 9.6 for at least 48 hours at  
15   4°C. The coated microtiter plates were saturated with 400 µl/wells of saturation buffer (KH<sub>2</sub>PO<sub>4</sub> 1.5 mM, Na<sub>2</sub>HPO<sub>4</sub> 8mM, KCl 2 mM, NaCl 138 mM, BSA 0.5 %, lactose monohydrate 5.3% ph 7.2) for 90 minutes at room temperature. Fifty µl of either calibrators (to generate a standard curve), controls or unknown samples, diluted in Ultrosor G (Gibco) were pipetted into appropriate wells in the microtiter plate, followed  
20   by 100 µl antiserum (see above) diluted 1/40000. Samples were mixed by rotating the plate and incubated 1 hour at room temperature. After three successive washings with washing buffer (Tris 25 mM, NaCl 50mM pH 7.3), 100 µl of horseradish peroxidase-conjugated goat antibodies to rabbit IgG (Biosource, Belgium) were added to each well and incubated 1 hour at room temperature. After another washing step, 100 µl of freshly  
25   prepared enzyme substrate (TMB, Biosource, Belgium) were added to each well. After 15 minutes incubation, the reaction was stopped with 100 µl 4M H<sub>3</sub>PO<sub>4</sub>. The absorbance was read with a microplate reader (Labsystem iEMS Reader MF, Finland) at 450 nm and corrected for absorbance at 620 nm. A standard curve was constructed on a log-linear

graph by plotting the B/Bo of 6 calibrators (2000 to 10 nM) (figure 1). The concentration of HRGYPGLDG containing peptides in the unknown samples and controls, were determined by interpolation on the calibration curve.

## 5 Example 2: Characterisation of antisera Coll2-1 D1-5

### *Specificity*

The antisera produced, were tested for their specificity for HRGYPGLDG, by use of the immunoassay described in example 1. To test for specificity HRGYPGLDG peptide, collagen type II, collagen type I or BSA, was added in increasing  
10 concentrations.

Native type II collagen, type I collagen and BSA, was not able to compete with the coated HRGYPGLDG peptide in the applied concentrations, shown for Coll2-1 D3 in figure 2.

The following experiments are carried out utilizing antiserum Coll2-1 D3.

15

### *Detection limit*

The detection limit of the assay described in example 1, is calculated as the mean (M) Bo value of 21 determinations of standard A minus 3 times the standard derivation (SD) of Bo ( $M_A - 3 \cdot SD_A$ ). For Coll2-1 D3 the detection limit was 17 nM.

20

### *Coefficients of variation*

Serum from three patients with OA, which were candidates for hip or knee prosthesis, was assayed for HRGYPGLDG containing collagen type II or fragments thereof. The assays were repeated 10 times to assess the intra-assay coefficient of  
25 variation. The CV calculations were performed as follows ( $SD/Mean$  concentration)\*100%.

	INTRA ASSAY	
	<u>Concentration</u> (nM)	<u>CV (%)</u>



Patient 1	109.86 $\pm$ 9.1	8.3
Patient 2	95.07 $\pm$ 7.2	7.6
Patient 3	173.48 $\pm$ 15.2	8.7

#### *Dilution test*

Human serum samples were diluted to ensure that their dilution curves were parallel to the standard curve.

<u>Serum Dilution</u>	<u>Measured concentration (nM)</u>	<u>Expected concentration (nM)</u>	<u>Recovery (%)</u>
<u>Undiluted</u>	-	1200	
½	597.30	600	99.5
¼	282.80	300	94.3
1/8	139.95	150	93.3
1/16	81.98	75	109.3

5

#### *Analytical recovery*

A serum sample was spiked with known concentrations of synthetic HRGYPGLDG peptide, to ensure that its presence would not effect the recovery of collagen type II or fragments thereof present in the serum sample.

10

<u>Added peptide concentration (nM)</u>	<u>Measured concentration (nM)</u>	<u>Expected concentration (nM)</u>	<u>Recovery (%)</u>
0.00	81.00	-	-
44.98	132.14	125.98	104.9
56.69	136.46	137.69	99.1
110.82	168.87	191.82	88.0
212.33	265.35	293.33	90.5
276.34	306.12	357.34	85.7
653.20	720.68	734.2	98.2
1297.25	1406.75	1378.25	102.1

15

20 Example 3: Antiserum Coll2-1 D3 recognizes unwound but not wound type II collagen.

As already shown in the specificity assay of example 2, Coll2-1 D3 does not bind native (wound) collagen type II, as this is not able to compete with the antiserum binding to coated HRGYPGLDG peptide. In the following example digestion of cartilage with collagenase A from *Clostridium histolyticum*, was used to assess the ability of Coll2-1 D3 to bind unwound collagen type II compared to wound collagen type II (figure 3).

#### *Collagenase digestion*

Cartilage obtained from surgery of healthy individuals is cultured in petri dishes at 3g / 10 ml medium (DMEM GIBCO serum free) at 37°C and 5% CO<sub>2</sub>. Cartilage degradation is initiated at time 0 by addition of 0.5 mg/ml collagenase A from *Clostridium histolyticum*. At times 1, 2, 3, 4, 6, 30 and 80 h, 100 µl medium is removed, centrifuged at 5000 x g and subjected to the immunoassay described in example 1.

#### Example 4: Detection of collagen type II degradation in patients with OA, which were candidates for hip or knee prosthesis versus young healthy individuals.

Serum from healthy volunteers and patients were collected and subjected to the assay described in example 1, utilizing antiserum Coll2-1 D3. The concentration in nM of HRGYPGLDG containing collagen type II or fragments thereof looked as follows:

Healthy (n=30)	OA patents (n=4)
107.56 ± 77.00	144.4 6 ± 109.23

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All references disclosed in this application are incorporated herein by reference.

20 While the invention has been described with reference to specific embodiments, modifications and variations of the invention may be constructed without departing from the scope of the invention, which is defined in the following claims.

**Claims:**

1. A method for detecting and/ or monitoring degradation of cartilage, comprising detecting, in a biological sample, collagen type II or fragments thereof comprising the sequence or at least the first 5 amino acids thereof:

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HRGYPLDG.

2. A method according to claim 1, wherein collagen type II or fragments thereof are detected by means of an antibody recognizing an epitope within said sequence.

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3. A method according to claim 2, wherein the antibody only recognizes the unwound form and not the wound form of collagen type II or fragments thereof.

4. A method according to any of the claims 1 to 3, wherein collagen type II or fragments thereof are smaller than 80 kDa.

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5. A method according to any of the claims 1 to 3, wherein said collagen type II fragments are smaller than 30 kDa.

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6. A method according to any of the claims 1 to 3, wherein said collagen type II fragments are smaller than 10 kDa

7. A method according to any of the claims 1 to 6, wherein the biological sample is a biological fluid.

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8. A method according to claim 7, wherein the biological fluid is urine.

9. An antibody, which binds an epitope on type II collagen or fragments thereof containing said epitope, wherein said epitope is contained within the following sequence:

HRGYPGLDG

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10. An antibody according to claim 9, which only recognizes the unwound collagen type II form and not the wound form.

11. A cell line producing a monoclonal antibody, according to any of the claims 9 or 10.

12. A kit for the use in detecting and/ or monitoring degradation of cartilage, comprising:

- 15
- a) an antibody recognizing an epitope with the following sequence  
HRGYPGLDG, located on type II collagen or fragments thereof ; and
  - b) means for detection.

13. A kit according to claim 12, wherein means of detection is a label attached to an antibody or a synthetic peptide.

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14. A kit according to any of the claims 12 to 13, wherein an antibody as defined in any of the claims 9 or 10 is applied in step a).

The present invention relates to a method for improving the diagnostic assessments of cartilage degenerative processes, and to provide means of monitoring the effects of therapeutical measures taken towards arthritic diseases in most mammals. The invention enable the detection of collagen type II resulting from collagenase activity, utilizing an immunoassay comprising an antibody directed against following epitope HRGYPGLDG, located in the helical region of collagen type II.

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Figure 1

Standard Curve

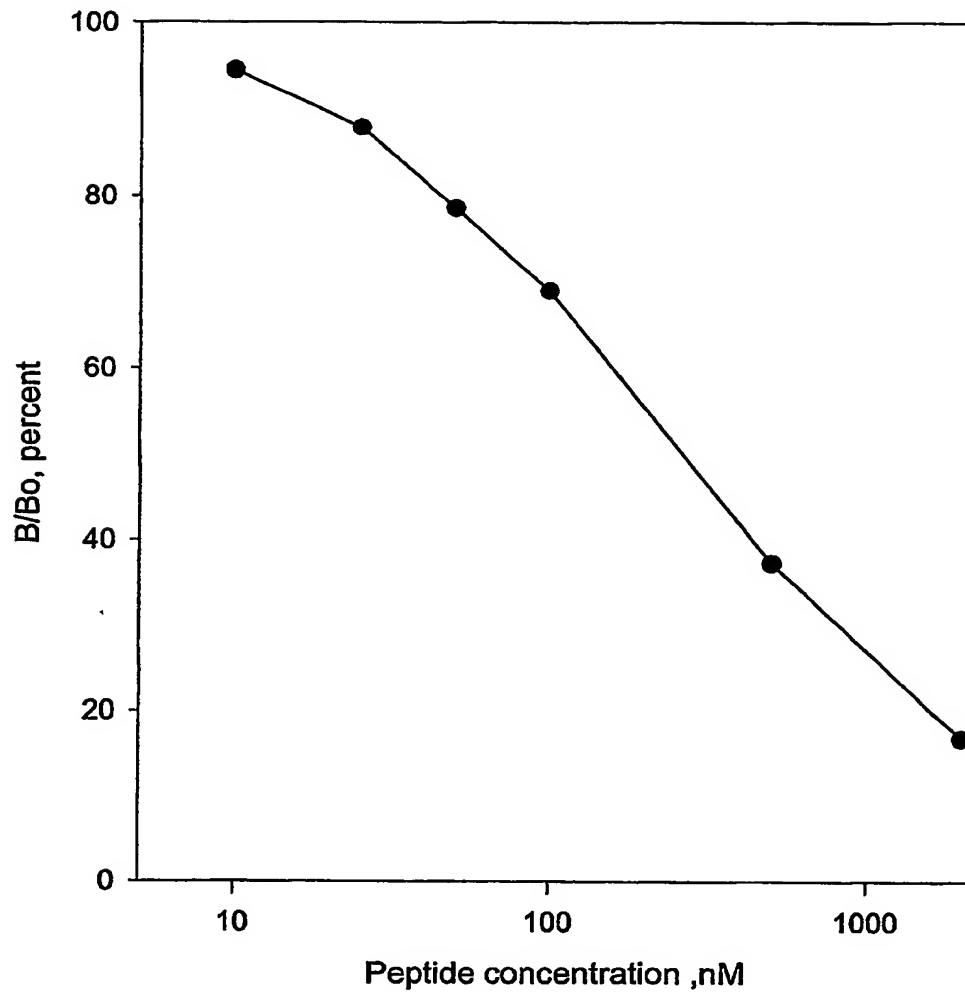
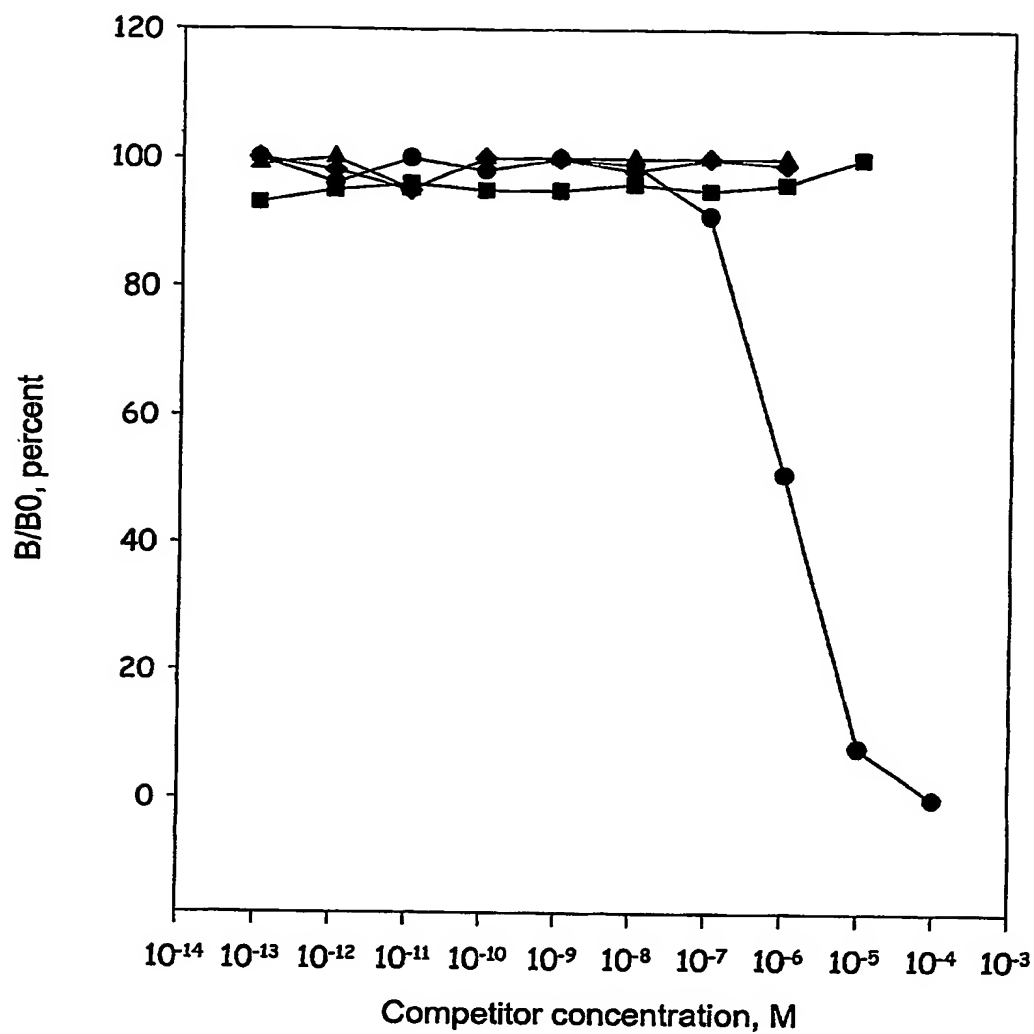




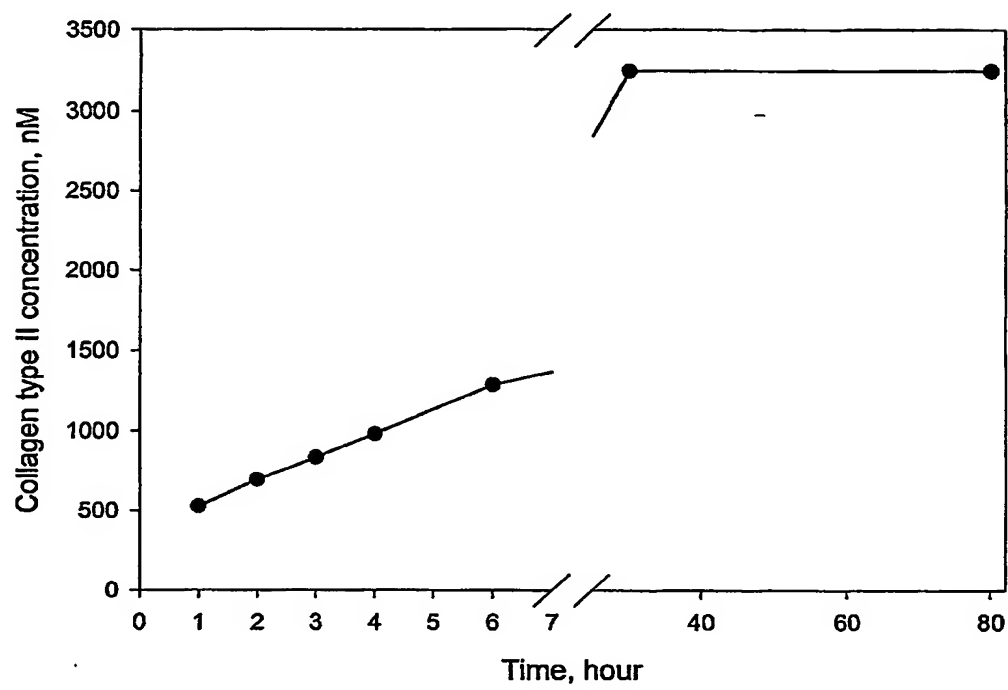
Figure 2

Competitive inhibition of D3



**Figure 3**

Detection of unwound collagen type II in cartilage



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